

**CRITERIA FOR PRIOR AUTHORIZATION**

Cinryze® (C1 esterase inhibitor, human)

**PROVIDER GROUP** Pharmacy  
Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
C1 esterase inhibitor, human (Cinryze)

**CRITERIA FOR PRIOR AUTHORIZATION FOR C1 ESTERASE INHIBITOR:** (must meet all of the following)

- Patient must have a diagnosis of Hereditary Angioedema (HAE), with provider submitting documentation that diagnostic testing was completed
- Must be used for routine prophylaxis against angioedema attacks in patients with HAE
- Patient must be 13 years of age or older
- Must be initially administered by a health care professional in an outpatient or home health setting with subsequent administration by only specific persons trained who have demonstrated competence

**LENGTH OF APPROVAL:** 12 months